

INSTRUCTIONS FOR COMPLETING ACTION PLAN TEMPLATE

1. **Description of Need:** In narrative form, please describe the need that the Action Plan is intended to address. Include here information such as caseload data, survey results, languages spoken, and any other information that documents the scope of the need of self-represented litigants in your county.
2. **Program Areas:** Describe here each program area that you intend to be a part of your overall Action Plan to assist self-represented litigants. *For example,* program areas in your plan might include Technology, Self-Help Center, Language Issues, Unbundling of Legal Services, Written Information (forms/instructions, brochures), Signage, Public Education (clinics/training), etc.
3. **Program Action Plans:**
 - a. **Program Title and Description:** Describe an individual Program (from those identified in No. 2 above) including groups to be served, types of services to be offered, location of service delivery.
 - b. **Program Partners:** Describe here the types of collaborators who have or will partner with developing and implementing your Action Plan.
 - c. **Program Plan:** Identify tasks, deadlines, and persons responsible for implementing the Program.

<i>Task</i>	<i>Deadline</i>	<i>Person/Org Responsible</i>

(Add additional rows as needed.)

- d. **Existing Resources:** Describe here the existing resources, e.g., staff time, money, and other resources that will be contributed to the program by the Court or any collaborative partner in the program. Be as specific as possible regarding the dollar value for these resources.
- e. **Additional Resources Needed:** Describe here additional resources needed to complete the Program as described above. State the resources needs in terms of dollar amounts for specific types of resources needed, i.e., equipment, construction, staffing, printing, translation services, etc.
- f. **Evaluation:** Describe here the criteria for evaluating program effectiveness and the persons responsible for ongoing evaluation part of the Program.

COUNTY OF _____

Contact Name and Phone_____

- ATTACH ADDITIONAL PAGES AS NEEDED
TO PRESENT YOUR ENTIRE ACTION PLAN